

G. DEMAND FOR HEALTHCARE SERVICES— FUTURE DEMAND METHODOLOGY

This appendix describes the methodologies used to determine future demand for healthcare service for the VA CARES pilot in VISN 12. The VA instructed Booz-Allen (the prime CARES contractor) to use demand data analyses prepared by the actuarial firm of Milliman & Robertson, Inc. (M&R). However, certain services, such as domiciliary care, were not modeled by M&R. This required additional methodologies to project future healthcare demand for services that are somewhat unique to the VA and for which there are little to no comparable benchmarks similar to those used by M&R. These methodologies, along with a brief summary of M&R's methodologies, are presented in this Appendix.

The demand analysis for each of the core services in this CARES pilot contains a number of modeling variables and assumptions. These include enrollee demographics (age/gender and place of residency), estimated reliance, morbidity, and degree of healthcare management. The demand forecasting models were developed using age-group and priority-level specific utilization benchmarks and assumptions. (See M&R CARES Utilization and Expenditure Projection Model for complete detail).

Enrollee demographics are important in the actuarial model for forecasting future demand. The M&R model contains detailed projections of enrollees for each of the enrollee Priority Levels 1-7, by both three-digit zip and county of residence. These priority levels are described as follows:

*Exhibit G-1. Enrollee Priority Level Descriptions **

1	Veterans with service-connected conditions rated 50 percent or more disabling.
2	Veterans with service-connected conditions rated 30 to 49 percent disabling.
3	Veterans who are former POWs; Veterans with service-connected conditions rated 10 to 29 percent disabling; Veterans discharged from active duty for a disability incurred or aggravated in the line of duty; Veterans awarded special eligibility classification under 38 U.S.C., Section 1151.
4	Veterans who are receiving aid and attendance or housebound benefits.
5	Non-service-connected veterans and service-connected veterans rated 0-9 percent disabled, whose income and net worth are below the established dollar thresholds
6	All other eligible veterans who are not required to make co-payments for their care, including: <ul style="list-style-type: none"> • World War I and Mexican Border War Veterans • Veterans solely seeking care for disorder associated with exposure to a toxic substance, radiation, or for disorders associated with service in the Persian Gulf. • Compensable zero percent service-connected veterans
7	Veterans with income and net worth above the statutory threshold and who agree to pay specified co-payments. (M&R split these into two subgroups: 7a-Zero percent non-compensable, and 7b-Non-service-connected veterans)

** Source: MR&R. CARES Utilization and Expenditure Projection Model, February 2000*

The actuary also used age groupings in their projections of enrollees and demand. These age groups included under 45 years, between 45 and 64 years, and over 65 years old. These age groupings were used in conjunction with the priority level enrollment to determine use rates for healthcare services and to project future demand.

The following table lists the core services modeled in this demand analysis, the source of the data used for baseline projections, and the firm primarily responsible for developing the methodology used for projecting future demand for this service.

Exhibit G-2. VA CARES Pilot—VISN 12—Methodologies Used in Projecting Future Demand

SERVICE	BASELINE DATA AND BENCHMARKS	ADJUSTMENTS/MODELING FACTORS	PRIMARY RESPONSIBILITY
1. Acute Inpatient Services	<ul style="list-style-type: none"> FY 1999 and FY 2000 actual VISN12 workload data Utilization benchmarks based on private sector averages 	<ul style="list-style-type: none"> Geography Age/gender Morbidity Degree of management Enrollee reliance on the VA Actual to expected experience 	<ul style="list-style-type: none"> M&R (FY 2000 data compiled by the Booz-Allen CARES Team)
2. Residential Rehabilitation	<ul style="list-style-type: none"> FY 2000 actual VISN12 workload data 	<ul style="list-style-type: none"> Geography Age/gender 	<ul style="list-style-type: none"> M&R psychiatry and substance abuse
3. Long-term/ Extended Care	<ul style="list-style-type: none"> FY 2000 baseline data for domiciliary, nursing home, and long-term psychiatry 	<ul style="list-style-type: none"> Geography Age/gender 	<ul style="list-style-type: none"> VA Long-Term Care Model (except long-term psychiatry)
4. Ambulatory Care	<ul style="list-style-type: none"> FY 1999 and FY 2000 actual VISN12 CPT-level workload data 	<ul style="list-style-type: none"> (Same factors as inpatient) Adjusted to reflect clinic stops Adjusted outpatient psychiatry assumptions Adjusted allergy/immunology 	<ul style="list-style-type: none"> M&R (Translated to clinic Booz-Allen CARES Team)
5. Special Disability Programs	<ul style="list-style-type: none"> VA Capacity Report FY 2000 actual workload and count of unique patients (FY 1999 for SCI) 	<ul style="list-style-type: none"> Age and Use Rate adjusted 1996 or highest 5 year capacity level maintained 	<ul style="list-style-type: none"> Booz-Allen CARES Team

The methodologies used for each of these service categories are described in detail in the following paragraphs.

G.1 ACUTE INPATIENT SERVICES

Methodology: Condor Technology Solutions/M&R Contract #GS-23F-8025H, “*CARES Utilization and Expenditure Projection Model, Phase I – VISN12, Fiscal Years 2001 through 2010*,” February 16, 2001

Services: Inpatient acute hospital (medical, surgical, psychiatric and substance abuse); ambulatory and other (services modeled but not used in this phase included long-term care-priority 1a only, maternity deliveries, maternity non-deliveries, emergency stabilization-Mill Bill;

prescription drugs, PDN/home health, ambulance, ambulance-Mill Bill, durable medical equipment, prosthetics)

The following excerpt from the M&R report describes the methodology for determining utilization benchmarks:

“The utilization benchmarks developed for this study were based on private sector average adjusted for veteran Enrollee demographics and morbidity. These benchmarks consist of average healthcare utilization per 1,000 enrollees for 37 separate hospital inpatient and ambulatory (outpatient) service categories. Actual VA inpatient utilization for FY 1999 was compared to case-mix and severity adjusted benchmarks to estimate the degree of healthcare management currently achieved in the VA system. The benchmarks estimate healthcare utilization for the veteran Enrollee populations assuming VA is operating at degrees of healthcare management that vary by VISN. The degree of healthcare management is defined in terms of a loosely managed and a well managed healthcare system appropriate for each community healthcare delivery system. The loosely managed and well managed models could be considered two points of a continuum of healthcare delivery systems for each community. The placement on this continuum is referred to as the degree of community management. The more managed a system, the more it will emulate the well managed system...”

“The benchmarks were created separately for three age groups: Under Age 45, Ages 45-64, and Ages 65 and Over. The benchmarks were developed for veteran enrollee groups by two geographic categorizations: 3-digit Zip of Residence or County of Residence. Each enrollee group was further distinguished by Enrollee Type and Priority Level. The utilization benchmarks were developed in a six-step process:

1. Develop private sector utilization averages for each locality (Zip or County) for the services covered under the Uniform Benefits Package and the Millennium Bill.
2. Adjust private sector utilization for age and gender mix of the projected veteran Enrollees by Priority Level and Enrollee Type.
3. Modify the age/gender-adjusted utilization taking into account veteran Enrollee morbidity.
4. Adjust the resulting utilization benchmarks to reflect the appropriate managed healthcare delivery system.
5. Adjust the resulting utilization benchmarks for estimated veteran enrollee reliance on VA for their healthcare needs.

6. Apply an experience adjustment to the resulting benchmarks to reflect residual differences between modeled and actual historical utilization.”¹

The Booz-Allen CARES Team, in concert with the VA, requested further adjustments to the M&R model. These adjustments centered on the degree of healthcare management and use rates for inpatient acute hospital and ambulatory psychiatry and substance abuse. M&R provided the following modifications:

- Adjust inpatient acute hospital with modified mental health management for FY 2001 and FY 2010 to reflect the VA delivering care 50 percent of the way between their current management level and the loosely managed care community standard as defined by the actuary. M&R also provided an actual to expected adjustment within the psychiatric and substance abuse service lines. (These modifications were provided for demand projections for FY 2001 and FY 2010, not for the intervening years).
- Revised outpatient mental health to reflect 85 percent reliance for Priority Levels 1–6 (Priority Level 7 remained at the original reliance factor) and 0 degree of management (no change in use rates) for FY 2010 projections.

The M&R Utilization Matrix (FY 1999) used a combination of bed-section and DRG mapping for inpatient healthcare service categories (see M&R’s *CARES Utilization and Expenditure Projection Model, Appendix 3*). The service categories used by M&R with the relevant bed-section mappings are as follows:

Exhibit G-3. Bed-Section Mapping for Inpatient Healthcare Service Categories

INPATIENT STAY ASSIGNMENT	BED-SECTIONS
Acute-General	1–20, 23–24, 31, 35–36, 41–65
Acute-Psychiatric	25–27, 33, 72–74, 79, 84, 91–94
Non-Acute-Long Term Care	22, 32, 40, 70–71, 76, 80–83, 89–90
Non-Acute-Domiciliary/Residential	21, 28–29, 85–88

Source: M&R Appendix 3

G.2 RESIDENTIAL REHABILITATION

Substance Abuse and Psychiatric Residential Rehabilitation Treatment Programs (SA/PRRTP)

Methodology: Residential Rehabilitation Programs – M&R and Booz-Allen CARES Team

¹ See Condor/M&R contract deliverables for definitions

Services: PR RTP, Substance Abuse Residential Rehabilitation Treatment Programs (SAR RTP), and Compensated Work Therapy (CWT/TR) Programs

The residential rehabilitation programs in VISN 12 have unique bed section codes assigned to them; however, discussions with the VISN revealed that patients may occupy available domiciliary or nursing home beds in some cases. Baseline data for FY 2000 was used at the bed section level to determine current workload. M&R's assignment of bed-sections for inpatient acute psychiatry included the RTP programs, but excluded CWT/TR. Additionally, the M&R projections for hospital acute inpatient services in psychiatry and substance abuse are based upon the Diagnostic Related Grouping (DRG) assigned to patients. For this reason, we decided, in concert with the VA, to reassign some portion of the projected acute demand to residential rehabilitation programs. This is more consistent with the current operations within VISN 12, particularly in relation to the mix of substance abuse patients who are predominately cared for in residential settings. The Booz-Allen CARES Team adopted the following methodology for distributing psychiatric and substance abuse and acute and residential rehabilitation demand:

- Evaluate the FY 2000 mix of inpatient and residential BDOCs for all inpatient mental health services across the VISN.
- Distribute the FY 2001 M&R projected combined demand for inpatient psychiatry and substance abuse based on the results from Step 1.
- Apply the M&R projected decline in BDOCs for the combined inpatient psychiatry and substance abuse to determine FY 2010 demand, excluding residential rehabilitation services. Apply the M&R projected psychiatric to substance abuse BDOCs ratio to the FY 2010 psychiatry and substance abuse projections.
- Break out the FY 2000 residential rehabilitation patients by age group and priority level.
- Use the Condor/M&R projected changes in patient population, by priority level and age groups, to age-adjust the residential rehabilitation patients from FY 2000 to FY 2010.
- Add CWT/TR volume using the same assumptions of percentage decline as those used by M&R for inpatient mental health services.
- Apply existing use rates, by age group and priority level, to the projected population for FY 2010 to estimate the demand for residential rehabilitation.

G.3 LONG-TERM/EXTENDED CARE SERVICES

Nursing Home, Domiciliary, and Long-Term Psychiatry

Methodology: Nursing Home and Domiciliary—*VA Long-term Care Model*; Long-Term Psychiatry—*Booz-Allen CARES Team*

Services: Nursing home care provided by VA (excludes community and state supplied nursing home care); domiciliary care and long-term psychiatry (Star I, II, and III programs)

The M&R projections for nursing home care focused only on patients in Priority Level 1a (70 percent or more service connected disability) and did not address domiciliary care, residential rehabilitation programs, or long-term psychiatric services. Therefore, the VA instructed the Booz·Allen CARES Team to use the existing VA Long-term Care Model (nursing home and domiciliary care) and develop additional assumptions regarding future demand for residential rehabilitation and long-term psychiatric services.

G.3.1 Nursing Home Care

The VA Long-term Care Model was used with a baseline of FY 2000 BDOCs projected to FY 2010. No interim year data was supplied.

G.3.2 Domiciliary Care

The VA also provided projections for FY 2010 domiciliary demand from the Long-term Care Model. The FY 2000 workload was given along with the demand projections for FY 2010, stated in BDOCs. No further information was supplied.

G.3.3 Long-Term Psychiatric Care

Long-term psychiatric services are currently provided at North Chicago and Tomah. These services are generally classified as Star I, II, or III programs. The FY 2000 inpatient data provided by the VA included a number of patients at these facilities where no bed section was coded. We completed the following analysis to determine the projected demand for long-term psychiatric services in FY 2010:

Analyze inpatient discharge records from the FY 2000 VA Utilization files to determine admissions, BDOCs and resulting length of stay for patients in the Star I, II, and III programs and those patients at the North Chicago and Tomah VAMC where no bed section was coded.

Determine the total number of BDOCs from these programs (adjustments were made to reported BDOCs at the bed section level after consultation with the VISN to reconcile with VISN supplied census information).

Apply the M&R projected percentage decline in inpatient psychiatry and substance abuse.

G.3.4 Ambulatory Care

The utilization benchmarks prepared by M&R were used to project demand for ambulatory services for FY 2001 and FY 2010. Similar to the benchmarks used for inpatient acute hospital services, these benchmarks were based on private sector experience (adjusted for the VA) and include factors for reliance, morbidity, age/gender, and degree of healthcare

management. M&R used FY 1999 actual utilization, measured in CPT codes, for their actual to expected adjustments.

M&R uses 25 ambulatory categories of care to group CPT codes. Use rates and resulting demand projections were provided to the Booz·Allen CARES Team for VISN 12, in both three-digit Zip and County-level reports. Each report was further broken down by enrollee type, age cohort (3), and priority level.

Outpatient psychiatry is one of the categories of ambulatory care projected by M&R. Upon review, we determined the assumptions for ambulatory services to this patient population required further modification. These modifications (described above) were modeled by M&R for FY 2001 and FY 2010, by three-digit Zip and County for all enrollee types and by age groups. The modified results were then included in subsequent reports.

The Booz·Allen CARES Team used the aggregate reports for current enrollees across the VISN as the basis for projecting ambulatory demand in FY 2010. The 25 M&R categories, however, had to be translated to VA units of measure for planning purposes. The CARES process requires some translation of the categories of care into potential space requirements to care for these patients. For that reason, we developed an algorithm for translating the M&R projected ambulatory demand, reported in 25 categories, to projections of clinic stop volumes for FY 2001 and FY 2010. The methodology used for this translation is as follows:

- Using the VA FY 2000 outpatient file for VISN 12, we created a new table that had one record for every CPT code for every clinic stop.
- With the M&R CPT code lookup table, we applied an M&R category to each CPT in the new table.
- The Booz·Allen CARES Team cross tabulated the CPT codes using the M&R categories as columns and clinic stops as rows.
- We calculated each clinic stop's percentage of the total count of CPTs for each column (a.k.a., M&R category) in the cross tabulation. This results in the FY 2000 percentage distribution of all CPTs across all M&R categories and clinic stops.
- Using the expected FY 2010 enrolled population and use rate for each M&R category, we calculated the expected total number of CPTs for each M&R category.
- The Booz·Allen CARES Team took the total number of CPTs per M&R category and distributed them within the clinic stops based on the FY 2000 distribution of CPTs per clinic stop created in Step 4.
- For every clinic stop, we took the total number of FY 2000 clinic stops reported by the VA and divided it by the total number of CPT codes per clinic stop. This resulted in an actual clinic stop to CPT ratio for every stop.

- Finally, we multiplied the total CPT count per clinic stop by the FY 2000 clinic stop to CPT ratios. The result is an estimate of clinic stops for FY 2010 sensitive to the change in use rates projected by the actuarial model.

G.3.5 Special Disability Programs (SDP)

Methodology: VA Special Disability Capacity Report

Services: Spinal Cord Injury (SCI), Blind Rehabilitation, Traumatic Brain Injury (TBI), Amputation, Seriously Mentally Ill (SMI), Substance Abuse, Homeless, Post Traumatic Stress Disorder (PTSD) and PTSD (SMI Only)

The Special Disability Capacity Report was the basis for determining future requirements for these programs. Attempts to determine future demand were not successful, primarily due to the overlap of patients and services required. For example, patients may be registered in one or more SPDs and seek services at various locations. Furthermore, services provided to these patients are often commingled and accounted for in the demand projections used elsewhere. For the purposes of the CARES process, only the capacity requirements for these SDP patients were considered.

The capacity requirements are legislated and based primarily on the capacity that existed at the time the legislation was passed. Determination of capacity is based on defined services measured by the VA's Cost Distribution Report (CDR).

Exhibit G-4. Veteran Population FY 00

COUNTY	FY 2000 VETERAN POPULATION*	% TOTAL	CUM%
1 IL COOK	376,408	31.6%	31.6%
2 WI MILWAUKEE	82,964	7.0%	38.6%
3 IL DU PAGE	66,367	5.6%	44.2%
4 IL LAKE	49,092	4.1%	48.3%
5 IN LAKE	43,864	3.7%	52.0%
6 WI DANE	35,079	2.9%	54.9%
7 IL WILL	35,008	2.9%	57.9%
8 WI WAUKESHA	29,943	2.5%	60.4%
9 IL KANE	26,327	2.2%	62.6%
10 IL WINNEBAGO	23,666	2.0%	64.6%
11 WI BROWN	19,576	1.6%	66.2%
12 IL MC HENRY	18,406	1.5%	67.8%
13 WI RACINE	16,050	1.3%	69.1%
14 WI WINNEBAGO	14,433	1.2%	70.3%
15 IN PORTER	14,329	1.2%	71.5%
16 WI ROCK	13,715	1.2%	72.7%
17 WI OUTAGAMIE	13,249	1.1%	73.8%
18 WI KENOSHA	13,221	1.1%	74.9%
19 IN LA PORTE	12,288	1.0%	75.9%
20 IL LA SALLE	11,033	0.9%	76.9%
21 WI MARATHON	10,766	0.9%	77.8%
22 WI SHEBOYGAN	10,123	0.9%	78.6%
23 WI LA CROSSE	9,432	0.8%	79.4%
24 IL KANKAKEE	9,297	0.8%	80.2%
25 WI FOND DU LAC	8,620	0.7%	80.9%
26 MI MARQUETTE	8,564	0.7%	81.6%
27 WI WOOD	8,427	0.7%	82.3%
28 WI MANITOWOC	8,117	0.7%	83.0%
29 WI WASHINGTON	8,064	0.7%	83.7%
30 WI OZAUKEE	7,809	0.7%	84.4%
31 WI WALWORTH	6,979	0.6%	84.9%
32 WI DODGE	6,547	0.5%	85.5%
33 WI JEFFERSON	5,981	0.5%	86.0%
34 WI PORTAGE	5,980	0.5%	86.5%
35 IL DE KALB	5,758	0.5%	87.0%
36 WI WAUPACA	5,649	0.5%	87.5%
37 WI ONEIDA	5,289	0.4%	87.9%
38 WI COLUMBIA	5,203	0.4%	88.3%
39 MI DELTA	5,129	0.4%	88.8%
40 WI SAUK	4,903	0.4%	89.2%
41 MI CHIPPEWA	4,627	0.4%	89.6%
42 IL STEPHENSON	4,311	0.4%	89.9%
43 WI MARINETTE	4,279	0.4%	90.3%
44 WI GRANT	4,265	0.4%	90.6%
45 IL OGLE	4,085	0.3%	91.0%
46 MI HOUGHTON	3,986	0.3%	91.3%
47 WI MONROE	3,912	0.3%	91.7%
48 MI DICKINSON	3,853	0.3%	92.0%
49 IL LEE	3,473	0.3%	92.3%
50 WI SHAWANO	3,477	0.3%	92.6%

COUNTY	FY 2000 VETERAN POPULATION*	% TOTAL	CUM %
50 WI SHAWANO	3,477	0.3%	92.6%
51 IL KENDALL	3,437	0.3%	92.8%
52 IL GRUNDY	3,366	0.3%	93.1%
53 WI VILAS	3,200	0.3%	93.4%
54 WI OCONTO	3,123	0.3%	93.7%
55 MI MENOMINEE	3,045	0.3%	93.9%
56 WI LINCOLN	3,000	0.3%	94.2%
57 WI DOOR	2,819	0.2%	94.4%
58 IL BOONE	2,741	0.2%	94.6%
59 WI GREEN	2,704	0.2%	94.9%
60 MI GOGEBIC	2,691	0.2%	95.1%
61 WI CALUMET	2,621	0.2%	95.3%
62 WI ADAMS	2,576	0.2%	95.5%
63 WI CLARK	2,497	0.2%	95.7%
64 WI WAUSHARA	2,362	0.2%	95.9%
65 WI JUNEAU	2,357	0.2%	96.1%
66 IN JASPER	2,328	0.2%	96.3%
67 IN STARKE	2,322	0.2%	96.5%
68 IL JO DAVIESS	2,291	0.2%	96.7%
69 WI VERNON	2,242	0.2%	96.9%
70 WI LANGLADE	2,199	0.2%	97.1%
71 WI TREMPLEAU	2,199	0.2%	97.3%
72 MI IRON	2,058	0.2%	97.4%
73 WI MARQUETTE	2,043	0.2%	97.6%
74 WI PRICE	1,940	0.2%	97.8%
75 WI ASHLAND	1,833	0.2%	97.9%
76 WI JACKSON	1,697	0.1%	98.1%
77 WI GREEN LAKE	1,654	0.1%	98.2%
78 WI TAYLOR	1,579	0.1%	98.3%
79 MN HOUSTON	1,569	0.1%	98.5%
80 WI RICHLAND	1,539	0.1%	98.6%
81 WI KEWAUNEE	1,509	0.1%	98.7%
82 MI MACKINAC	1,388	0.1%	98.9%
83 WI IOWA	1,345	0.1%	99.0%
84 MI ALGER	1,311	0.1%	99.1%
85 WI CRAWFORD	1,304	0.1%	99.2%
86 MI ONTONAGON	1,298	0.1%	99.3%
87 IN NEWTON	1,284	0.1%	99.4%
88 WI FOREST	1,273	0.1%	99.5%
89 WI LAFAYETTE	1,093	0.1%	99.6%
90 MI SCHOOLCRAFT	1,057	0.1%	99.7%
91 MI BARAGA	961	0.1%	99.8%
92 WI IRON	839	0.1%	99.8%
93 MI LUCE	688	0.1%	99.9%
94 WI FLORENCE	663	0.1%	100.0%
95 WI MENOMINEE	303	0.0%	100.0%
96 MI KEWEENAW	223	0.0%	100.0%
Grand Total	1,190,494	100.0%	

Exhibit G-5. Enrollee Population FY 2000

COUNTY	TOTAL FY 2000 VISN12 ENROLLED	%TOTAL VISN12 ENROLLEES	CUM%
COOK	77,855	35.4%	35.4%
MILWAUKEE	14,345	6.5%	41.9%
LAKE, IL	10,664	4.8%	46.8%
LAKE, IN	6,830	3.1%	49.9%
DU PAGE	6,089	2.8%	52.6%
WILL	4,545	2.1%	54.7%
DANE	3,433	1.6%	56.3%
WINNEBAGO, IL	3,163	1.4%	57.7%
MCHENRY	2,915	1.3%	59.0%
KANE	2,903	1.3%	60.3%
LA SALLE	2,703	1.2%	61.6%
WAUKESHA	2,642	1.2%	62.8%
OUTAGAMIE	2,541	1.2%	63.9%
BROWN	2,462	1.1%	65.1%
LA CROSSE	2,436	1.1%	66.2%
RACINE	2,191	1.0%	67.2%
KENOSHA	2,164	1.0%	68.1%
MONROE	1,893	0.9%	69.0%
WINNEBAGO, WI	1,751	0.8%	69.8%
MARINETTE	1,666	0.8%	70.6%
MARQUETTE	1,573	0.7%	71.3%
ROCK	1,469	0.7%	71.9%
KANKAKEE	1,321	0.6%	72.5%
DICKINSON	1,246	0.6%	73.1%
PORTER	1,190	0.5%	73.6%
WAUPACA	1,188	0.5%	74.2%
WOOD	1,187	0.5%	74.7%
MARATHON	1,175	0.5%	75.3%
DELTA	1,004	0.5%	75.7%
JUNEAU	987	0.4%	76.2%
MANITOWOC	971	0.4%	76.6%
LA PORTE	941	0.4%	77.0%
ONEIDA	922	0.4%	77.5%
SHEBOYGAN	877	0.4%	77.9%
MENOMINEE	812	0.4%	78.2%
IRON	777	0.4%	78.6%
FOND DU LAC	763	0.3%	78.9%
LINCOLN	732	0.3%	79.3%
WASHINGTON	730	0.3%	79.6%
WALWORTH	730	0.3%	79.9%
COLUMBIA	701	0.3%	80.2%
STEPHENSON	689	0.3%	80.5%
VERNON	683	0.3%	80.9%
DODGE	681	0.3%	81.2%
GOGEBIC	678	0.3%	81.5%
OCONTO	677	0.3%	81.8%
SHAWANO	660	0.3%	82.1%
DE KALB	612	0.3%	82.4%
JEFFERSON	593	0.3%	82.6%
KENDALL	589	0.3%	82.9%
SAUK	556	0.3%	83.2%

COUNTY	TOTAL FY 2000 VISN12 ENROLLED	%TOTAL VISN12 ENROLLEES	CUM%
HOUGHTON	555	0.3%	83.4%
JACKSON	549	0.2%	83.7%
ADAMS	528	0.2%	83.9%
WAUSHARA	528	0.2%	84.1%
OZAUKEE	515	0.2%	84.4%
(blank)	511	0.2%	84.6%
PORTAGE	508	0.2%	84.8%
CLARK	481	0.2%	85.1%
VILAS	452	0.2%	85.3%
LANGLADE	443	0.2%	85.5%
SANGAMON	438	0.2%	85.7%
CRAWFORD	387	0.2%	85.8%
GRANT	374	0.2%	86.0%
CALUMET	373	0.2%	86.2%
GRUNDY	371	0.2%	86.3%
FOREST	361	0.2%	86.5%
MCLEAN	340	0.2%	86.7%
DOOR	339	0.2%	86.8%
OGLE	334	0.2%	87.0%
KEWAUNEE	319	0.1%	87.1%
BOONE	317	0.1%	87.3%
JASPER	307	0.1%	87.4%
HOUSTON	295	0.1%	87.5%
LEE	294	0.1%	87.7%
CHIPPEWA	283	0.1%	87.8%
GREEN LAKE	282	0.1%	87.9%
TREMPEALEAU	279	0.1%	88.0%
RICHLAND	265	0.1%	88.2%
GREEN	240	0.1%	88.3%
PRICE	240	0.1%	88.4%
STARKE	208	0.1%	88.5%
FLORENCE	206	0.1%	88.6%
BUREAU	172	0.1%	88.7%
WINONA	160	0.1%	88.7%
ONTONAGON	148	0.1%	88.8%
SCHOOLCRAFT	141	0.1%	88.9%
JO DAVIESS	138	0.1%	88.9%
MADISON	130	0.1%	89.0%
WHITESIDE	128	0.1%	89.0%
EAU CLAIRE	127	0.1%	89.1%
MARION	127	0.1%	89.2%
BARAGA	124	0.1%	89.2%
TAZEWELL	111	0.1%	89.3%
WHITE	108	0.0%	89.3%
KNOX	104	0.0%	89.4%
ALGER	101	0.0%	89.4%
TAYLOR	99	0.0%	89.4%
IOWA	98	0.0%	89.5%
WAYNE	93	0.0%	89.5%
LAFAYETTE	83	0.0%	89.6%
SHELBY	72	0.0%	89.6%

COUNTY	TOTAL FY 2000 VISN12 ENROLLED	%TOTAL VISN12 ENROLLEES	CUM%
LAWRENCE	70	0.0%	89.6%
RUSH	66	0.0%	89.7%
ASHLAND	61	0.0%	89.7%
CLAY	56	0.0%	89.7%
LUCE	55	0.0%	89.7%
MACKINAC	53	0.0%	89.8%
FAYETTE	53	0.0%	89.8%
WABASH	51	0.0%	89.8%
NEWTON	49	0.0%	89.8%
LIVINGSTON	48	0.0%	89.9%
DECATUR	46	0.0%	89.9%
PUTNAM	44	0.0%	89.9%
CLINTON	44	0.0%	89.9%
MARSHALL	41	0.0%	89.9%
ST JOSEPH	39	0.0%	90.0%
Sub-Total*	197,867	90.0%	
ALL OTHER**	22,093	10.0%	100.0%
TOTAL FY 2000 ENROLLEES***	219,960	100.0%	

Source—Enrollment db (VA via M)

FY 2000 Enrollment by zip code with county

Exhibit G-6. Patients Treated—Inpatient

STATION	SERVICE	1996	1997	1998	1999	2000
VA CHICAGO HCS	NEUROLOGY	598	559	334	79	3
	REHAB MED	431	424	532	148	188
	INTERMEDIATE				3,997	5,283
	SURGERY	3,460	2,604	1,696	923	862
	PSYCHIATRY	2,761	2,352	1,844	1,721	1,691
	MEDICINE	7,555	7,973	7,683	4,514	3,115
	INPATIENT TOTAL	14,805	13,912	12,089	11,382	11,142
NORTH CHICAGO	SURGERY	0	0	0	0	0
	REHAB MED	17	15	10	3	0
	NEUROLOGY	60	0	0	0	0
	INTERMEDIATE	0	0	10	379	576
	MEDICINE	1,456	1,367	1,479	984	676
	PSYCHIATRY	2,075	1,725	1,485	1,327	1,159
	INPATIENT TOTAL	3,608	3,107	2,984	2,693	2,411
HINES	REHAB MED	278	251	285	301	297
	BLIND REHAB	184	252	257	514	279
	NEUROLOGY	735	537	534	120	0
	SCI	498	430	356	335	309
	INTERMEDIATE	506	461	412	474	726
	SURGERY	2,134	1,503	1,494	1,396	1,285
	PSYCHIATRY	3,022	2,552	2,542	2,678	2,217
	MEDICINE	4,558	4,335	3,475	3,602	2,984
	INPATIENT TOTAL	11,915	10,321	9,355	9,420	8,097
IRON MOUNTAIN	INTERMEDIATE	0	0	0	0	0
	PSYCHIATRY	268	53	0	0	0
	SURGERY	156	89	88	66	77
	MEDICINE	1,256	962	992	990	1,021
	INPATIENT TOTAL	1,680	1,104	1,080	1,056	1,098
MADISON	NEUROLOGY	774	363	141	103	63
	PSYCHIATRY	327	353	400	454	432
	INTERMEDIATE	0	132	807	979	1,411
	SURGERY	1,952	1,109	843	736	579
	MEDICINE	2,314	1,887	1,444	1,243	803
	INPATIENT TOTAL	5,367	3,844	3,635	3,515	3,288
TOMAH	INTERMEDIATE	323	139	0	0	0
	MEDICINE	613	588	590	589	579
	PSYCHIATRY	1,548	871	706	755	626
	INPATIENT TOTAL	2,484	1,598	1,296	1,344	1,205
MILWAUKEE	NEUROLOGY	112	28	0	0	0
	REHAB MED	88	81	101	139	151
	INTERMEDIATE	103	96	174	445	345
	SCI	331	309	306	323	339
	PSYCHIATRY	1,471	1,292	1,105	1,202	1,254
	SURGERY	2,210	1,725	1,087	1,105	1,112
	MEDICINE	2,883	2,903	2,709	2,678	2,790
	INPATIENT TOTAL	7,198	6,434	5,482	5,892	5,991
VISN 12 Grand Total		47,057	40,320	35,921	35,302	33,232

Source—KLF Web (a VA Information System)

Exhibit G-7. BDOCs—Inpatient

STATION	SERVICE	1996	1997	1998	1999	2000
VA CHICAGO HCS (Source: Bed Status Report (G&L)) <i>*Includes Residential</i>	NEUROLOGY	7,430	5,711	3,622	671	16
	REHAB MED	8,314	7,023	7,402	2,428	2,869
	INTERMEDIATE				30,288	35,932
	SURGERY	22,566	16,897	14,935	9,632	8,210
	PSYCHIATRY	44,432	36,160	28,119	25,269	25,449
	MEDICINE	64,173	59,944	57,538	35,456	23,252
	INPATIENT TOTAL	146,915	125,735	111,616	103,744	95,728
NORTH CHICAGO <i>*Includes Residential</i>	SURGERY	0	0	0	0	0
	NEUROLOGY	354	0	8	0	0
	REHAB MED	327	330	171	50	0
	INTERMEDIATE	0	0	78	1,705	2,489
	MEDICINE	10,435	9,422	8,624	6,227	5,294
	PSYCHIATRY	113,980	84,833	65,659	69,279	58,620
	INPATIENT TOTAL	125,096	94,585	74,540	77,261	66,403
HINES <i>*Includes Residential</i>	NEUROLOGY	5,945	4,774	3,874	900	0
	REHAB MED	5,548	4,638	4,377	4,434	3,669
	INTERMEDIATE	12,412	11,621	7,477	8,319	8,096
	BLIND REHAB	9,768	9,917	9,821	10,892	9,397
	SURGERY	20,162	15,268	13,696	11,723	11,703
	SCI	26,230	16,713	15,396	14,151	12,663
	MEDICINE	41,459	33,688	23,486	23,870	21,861
	PSYCHIATRY	47,394	27,484	24,550	37,508	32,717
	INPATIENT TOTAL	168,918	124,103	102,677	111,797	100,106
IRON MOUNTAIN <i>No Residential</i>	INTERMEDIATE	0	0	0	0	0
	SURGERY	903	486	518	415	415
	PSYCHIATRY	5,660	492	0	0	0
	MEDICINE	8,366	4,192	4,536	5,352	5,379
	INPATIENT TOTAL	14,929	5,170	5,054	5,767	5,794
MADISON <i>FY00 includes Bldg 6 ADTP</i>	NEUROLOGY	4,287	3,228	1,307	982	578
	INTERMEDIATE	0	1,384	5,166	5,315	7,883
	PSYCHIATRY	4,230	4,510	4,694	6,770	8,998
	SURGERY	13,967	9,403	8,045	6,698	5,857
	MEDICINE	19,890	11,957	11,143	9,335	6,640
	INPATIENT TOTAL	42,374	30,482	30,355	29,100	29,956
TOMAH	MEDICINE	5,261	3,839	4,030	3,338	3,072
	INTERMEDIATE	16,128	6,792	0	0	0
	PSYCHIATRY	82,156	41,933	30,260	30,532	33,394
	INPATIENT TOTAL	103,545	52,564	34,290	33,870	36,466
MILWAUKEE	NEUROLOGY	1,039	209	0	0	0
	REHAB MED	2,493	1,978	2,032	2,847	2,967
	INTERMEDIATE	2,777	2,178	2,753	4,448	3,936
	SCI	9,231	6,643	6,969	8,273	10,509
	PSYCHIATRY	13,932	8,531	6,671	6,285	6,285
	SURGERY	16,092	12,605	9,859	9,307	9,250
	MEDICINE	25,533	23,180	19,340	19,274	19,319
	INPATIENT TOTAL	71,097	55,324	47,624	50,434	52,266
VISN 12 Grand Total		672,874	487,963	406,156	411,973	386,719

Source—KLF Web (a VA Information System)

Exhibit G-8. Average Daily Census—Inpatient

STATION	SERVICE	1996	1997	1998	1999	2000
VA CHICAGO HCS	NEUROLOGY	20	16	10	2	0
	REHAB MED	23	19	20	7	8
	INTERMEDIATE				83	98
	SURGERY	62	46	41	26	23
	PSYCHIATRY	121	99	77	69	70
	MEDICINE	175	164	158	97	64
	INPATIENT TOTAL	401	344	306	284	262
NORTH CHICAGO	SURGERY	0	0	0	0	0
	NEUROLOGY	1	0	0	0	0
	REHAB MED	1	1	0	0	0
	INTERMEDIATE	0	0	0	5	7
	MEDICINE	29	26	24	17	14
	PSYCHIATRY	311	232	180	190	160
	INPATIENT TOTAL	342	259	204	212	181
HINES	NEUROLOGY	16	13	11	2	0
	REHAB MED	15	13	12	12	10
	INTERMEDIATE	34	32	20	23	22
	BLIND REHAB	27	27	27	30	26
	SURGERY	55	42	38	32	32
	SCI	72	46	42	39	35
	MEDICINE	113	92	64	65	60
	PSYCHIATRY	129	75	67	103	89
	INPATIENT TOTAL	462	340	281	306	274
IRON MOUNTAIN	INTERMEDIATE	0	0	0	0	0
	SURGERY	2	1	1	1	1
	PSYCHIATRY	15	1	0	0	0
	MEDICINE	23	11	12	15	15
	INPATIENT TOTAL	41	14	14	16	16
MADISON	NEUROLOGY	12	9	4	3	2
	INTERMEDIATE	0	4	14	15	22
	PSYCHIATRY	12	12	13	19	25
	SURGERY	38	26	22	18	16
	MEDICINE	54	33	31	26	18
	INPATIENT TOTAL	116	84	83	80	82
TOMAH	MEDICINE	14	11	11	9	8
	INTERMEDIATE	44	19	0	0	0
	PSYCHIATRY	224	115	83	84	91
	INPATIENT TOTAL	283	144	94	93	100
MILWAUKEE	NEUROLOGY	3	1	0	0	0
	REHAB MED	7	5	6	8	8
	INTERMEDIATE	8	6	8	12	11
	SCI	25	18	19	23	29
	PSYCHIATRY	38	23	18	17	17
	SURGERY	44	35	27	26	25
	MEDICINE	70	64	53	53	53
	INPATIENT TOTAL	194	152	130	138	143
VISN 12 Grand Total		1,838	1,337	1,113	1,129	1,057

Source—KLF Web (a VA Information System)

Exhibit G-9. VISN 12 FY00 Inpatients—BDOCs

Bed Section	Description	Pts Treated	BDOC (1)	ALOS (2)	ADC (3)
MEDICAL/SURGICAL					
15	GEN(ACUTE) MED	8,578	55,247	6.4	151.4
40	INTERMEDIATE MED	6,967	51,086	7.3	140.0
22	SPINAL CORD INJ	566	19,721	34.8	54.0
20	REHAB MEDICINE	611	14,041	23.0	38.5
12	MEDICAL ICU	1,164	10,317	8.9	28.3
21	BLIND REHAB	252	8,911	35.4	24.4
50	SURGERY (GEN)	1,019	7,841	7.7	21.5
2	CARDIOLOGY	1,597	7,428	4.7	20.4
32	GEM INTERMEDIATE	356	7,070	19.9	19.4
9	HEMATOLOGY/ONCOLOGY	718	5,658	7.9	15.5
58	THORACIC SURGERY	489	4,836	9.9	13.2
5	GERONTOLOGY	149	4,339	29.1	11.9
59	UROLOGY	617	2,996	4.9	8.2
62	PERIPHERAL VASCULAR	378	2,973	7.9	8.1
63	SURGICAL ICU	210	2,772	13.2	7.6
54	ORTHOPEDIC	420	2,309	5.5	6.3
10	NEUROLOGY	364	2,304	6.3	6.3
52	NEUROSURGERY	304	2,061	6.8	5.6
55	EAR,NOSE&THROAT	222	1,211	5.5	3.3
61	PODIATRY	68	659	9.7	1.8
53	OPHTHALMOLOGY	112	285	2.5	0.8
16	CARDIAC STEP DOWN	13	252	19.4	0.7
31	GEM ACUTE MEDICINE	23	213	9.3	0.6
56	PLASTIC SURGERY	27	203	7.5	0.6
11	EPILEPSY CENTER	30	139	4.6	0.4
60	ORAL SURGERY	22	53	2.4	0.1
8	GASTROENTEROLOGY	7	13	1.9	0.0
4	PULM NON-TB	3	6	2.0	0.0
51	GYNECOLOGY	1	2	2.0	0.0
No Bedse	(Not Coded) (4)	617	12,859	20.8	35.2
	Sub-Total	25,904	227,805	8.8	624.1
PYSCHIATRIC/SUBSTANCE ABUSE/RESIDENTIAL REHAB					
92	PSYC-GENERAL INTER	2,252	37,773	16.8	103.5
27	SUB ABUSE RES REHAB	1,050	32,823	31.3	89.9
93	HI INT GEN PSCH-INP	2,115	16,050	7.6	44.0
26	PTSD RES REHAB PGM	392	12,839	32.8	35.2
74	SUBS ABUSE-HI INT	1,206	7,450	6.2	20.4
25	PSYC RES REHAB TRMT	164	6,535	39.8	17.9
29	SA CWT/TR	33	4,255	128.9	11.7
37	Not assigned by M&R	38	2,297	60.4	6.3
39	GENERAL CWT/TR	21	2,018	96.1	5.5
84	PSY SA (INTER CARE)	12	208	17.3	0.6
79	SPEC INP PTSD UNIT	1	20	20.0	0.1
94	PYSCHIATRIC OBS	1	2	2.0	0.0
	Sub-Total	7,285	122,270	16.8	335.0
LONG-TERM PSYCHIATRY					
89	STAR I,II,&III PGMS	149	6,380	42.8	17.5
No Bedse	Long-Term Psychiatry (4)	217	42,365	195.2	116.1
	Sub-Total	366	48,745	133.2	133.5
DOMICILIARY					
85	DOMICILIARY	1,527	138,378	90.6	379.1
86	DOM SUBSTANCE ABUSE	328	26,042	79.4	71.3
88	DOM PTSD	24	3,049	127.0	8.4
83	RESPIRE CARE	154	1,624	10.5	4.4
	Sub-Total	2,033	169,093	83.2	463.3
NURSING HOME CARE					
80	NURSING HOME CARE	1,845	215,851	117.0	591.4
80	NURSING HOME CARE -Comm	776	41,429		
81	GEM NHCU	31	1,349	43.5	3.7
	Sub-Total	2,652	258,629	97.5	708.6
GRAND TOTAL		38,240	826,542	21.6	2,264.5

Notes

(1) BDOC = Discharge Date minus Admit Date. Admit dates before 10/1/99 are adjusted to 10/1/99.

(2) ALOS = BDOC / Patients Treated.

(3) ADC = BDOC / 365.

(4) Missing bed section data was broken out by facility; Tomah & N. Chicago were assigned to LT Psychiatry

Source—VA National FY 2000 and VISN FY 2000 OP & IP Summary of Utilization

Exhibit G-10. VISN 12 FY 2000 Out Patients and Encounters

Category	CL	Stop	Pts	Enc	Rate
Ancillary/Diagnostic	108	Laboratory	111,598	691,897	6.2
	105	X-Ray	57,024	95,802	1.7
	117	Nursing	32,761	59,222	1.8
	107	EKG	15,982	20,922	1.3
	147	Telephone/Ancillary	14,153	33,389	2.4
	180	Dental	12,056	38,933	3.2
	150	Computerized Tomography (CT)	11,119	15,031	1.4
	205	Physical Therapy (PT)	10,954	49,601	4.5
	203	Audiology	9,819	17,707	1.8
	115	Ultrasound	9,680	11,575	1.2
	423	Prosthetic Supply Ord Svc	7,321	11,910	1.6
	109	Nuclear Medicine	7,222	8,061	1.1
	201	Physical Med & Rehab Svc (PM&RS)	7,087	13,517	1.9
	160	Clinical Pharmacy	6,707	14,049	2.1
	151	Magnetic Resonance Imaging (MRI)	5,316	6,435	1.2
	104	Pulmonary Function	4,707	5,932	1.3
	123	Nutrition/Dietetics-Individual	4,566	6,500	1.4
	125	Social Work Service	4,053	6,669	1.6
	214	Kinesiotherapy	3,404	42,416	12.5
	206	Occupational Therapy	3,242	27,178	8.4
	124	Nutrition/Dietetics-Group	2,171	2,758	1.3
	216	Telephone/Rehab and Support	1,949	3,845	2.0
	202	Recreation Therapy Service	1,870	21,446	11.5
	149	Radiation Therapy Treatment	1,676	23,833	14.2
	212	Electromyogram (EMG)	1,660	1,790	1.1
	116	Respiratory Therapy	1,566	2,285	1.5
	204	Speech Pathology	1,204	4,300	3.6
	210	Spinal Cord Injury (SCI)	740	2,298	3.1
	707	Smoking Cessation	728	2,742	3.8
	106	EEG	683	741	1.1
	152	Angiogram Catheterization	639	891	1.4
	209	VIST Coordinator	615	1,836	3.0
	710	Influenza Immunization	353	360	1.0
	128	Prolonged Video-EEG Monitoring	352	398	1.1
	215	SCI Home Care Program	257	2,394	9.3
	153	Interventional Radiography	229	280	1.2
	167	Chaplain Service - Group	186	350	1.9
	211	Amputation Follow-Up Clinic	146	253	1.7
	708	Nutrition	142	147	1.0
	166	Chaplain Service - Individual	142	176	1.2
	208	PM&RS Compensated Work Therapy (CWT)	141	635	4.5
	165	Bereavement Counseling	114	157	1.4
	207	PM&RS Incentive Therapy (IT)	42	308	7.3
	126	Evoked Potential	31	37	1.2
	213	PM&RS Vocational Assistance	25	39	1.6
	181	Telephone/Dental	24	33	1.4
	169	Telephone/Chaplain	10	10	1.0
	145	Pharm/Physio NMP Studies	3	3	1.0
	148	Telephone/Diagnostic	2	2	1.0
Ancillary/Diagnostic Total			356,471	1,251,093	3.5
Home-Based Primary Care	171	HBP-CRN/RNP/PA	1,064	11,729	11.0
	173	HBPC-Social Worker	898	2,550	2.8
	175	HBPC-Dietitian	603	1,395	2.3
	178	HBPC/Telephone	512	1,293	2.5
	174	HBPC-Therapist	474	1,371	2.9
	170	HBPC-Physician	458	1,459	3.2
	172	HBPC-Nurse Extender	323	3,812	11.8

Category	CL	Stop	Pts	Enc	Rate
	176	HBPC-Clinical Pharmacist	35	49	1.4
	177	HBPC-Other	18	30	1.7
Home-Based Primary Care Total			4,385	23,688	5.4
Medicine	323	Primary Care/Medicine	143,407	352,980	2.5
	102	Admitting/Screening	55,988	87,791	1.6
	103	Telephone Triage	19,107	33,348	1.7
	301	General Internal Medicine	17,198	23,533	1.4
	304	Dermatology	13,514	25,724	1.9
	303	Cardiology	13,426	28,368	2.1
	324	Telephone/Medicine	12,483	23,655	1.9
	315	Neurology	11,337	19,694	1.7
	307	Gastroenterology	11,195	17,553	1.6
	120	Health Screening	9,682	10,037	1.0
	999	Employee Health	8,497	19,370	2.3
	321	GI Endoscopy	6,632	8,180	1.2
	101	Emergency Unit	6,166	10,230	1.7
	312	Pulmonary/Chest	5,681	10,247	1.8
	314	Rheumatology/Arthritis	4,711	10,933	2.3
	306	Diabetes	4,590	9,003	2.0
	322	Women's Clinic	4,291	9,307	2.2
	317	Coumadin Clinic	3,466	23,113	6.7
	316	Oncology/Tumor	3,269	11,221	3.4
	308	Hematology	2,887	9,199	3.2
	310	Infectious Disease	2,666	6,823	2.6
	305	Endo/Metab (except diabetes)	2,309	5,412	2.3
	313	Renal/Nephrol (except dialysis)	1,962	4,807	2.5
	350	Geriatric Primary Care	1,784	3,453	1.9
	319	Geriatric Eval. & Mgmt. (GEM)	1,372	2,474	1.8
	333	Cardiac Catheterization	1,188	1,317	1.1
	302	Allergy Immunology	1,097	2,849	2.6
	311	Pacemaker	1,056	2,313	2.2
	119	Comm Nursing Home Follow-up	896	2,701	3.0
	318	Geriatric Clinic	603	1,931	3.2
	329	Medical Procedure Unit	568	710	1.3
	118	Home Treatment Services	566	2,705	4.8
	309	Hypertension	545	1,470	2.7
	326	Telephone/Geriatrics	527	1,358	2.6
	190	Adult Day Healthcare (ADHC)	366	11,832	32.3
	325	Telephone/Neurology	354	702	2.0
	330	Chemotherapy Proc. Unit-med.	308	2,127	6.9
	602	Chron Assisted Hemodial Treat	286	17,903	62.6
	121	Residential Care (non-MH)	255	1,239	4.9
	328	Medical/Surgical Day Unit (MSDU)	140	619	4.4
	607	Lim Self Care Perit Dialysis	139	337	2.4
	320	Alzheimer's/Dementia Clinic	73	110	1.5
	290	Observation Medicine	66	129	2.0
Medicine Total			376,653	818,807	2.2
Mental Health	502	Mental Health Clinic-Individual	20,542	74,740	3.6
	509	Psychiatry-MD Individual	10,479	32,126	3.1
	513	Substance Abuse-Individual	6,798	49,180	7.2
	560	Substance Abuse-Group	5,637	125,042	22.2
	510	Psychology-Individual	4,482	12,721	2.8
	550	Mental Health Clinic-Group	3,081	30,610	9.9
	527	Telephone/General Psychiatry	2,934	5,929	2.0
	529	HCHV/HMI	1,823	26,956	14.8
	562	PTSD-Individual	1,577	7,730	4.9
	540	PCT Post-Traumatic Stress-Individual	1,297	5,505	4.2
	512	Psychiatry Consultation	1,274	2,057	1.6
	545	Telephone/Substance Abuse	1,231	2,563	2.1

Category	CL	Stop	Pts	Enc	Rate
	574	MH CWT Group	1,023	35,701	34.9
	516	PTSD-Group	960	14,981	15.6
	523	Opioid Substitution	930	94,412	101.5
	553	Day Treatment-Group	878	35,856	40.8
	552	IPCC Community Visit	861	36,214	42.1
	531	MH Primary Care Team-Individual	721	2,235	3.1
	573	MH Incentive Therapy-Group	706	33,805	47.9
	728	Domiciliary Adm Screening Services	676	770	1.1
	725	Domiciliary Outreach Services	591	1,613	2.7
	729	Telephone/Domiciliary	573	744	1.3
	528	Tele/Homeless Mentally Ill	506	818	1.6
	561	PCT-Post Traumatic Stress-Group	458	6,163	13.5
	505	Day Treatment-Individual	445	14,548	32.7
	558	Psychology-Group	344	1,677	4.9
	727	Domiciliary Aftercare-VA	337	2,648	7.9
	557	Psychiatry-Group	293	6,624	22.6
	559	Psychosocial Rehab-Group	265	2,803	10.6
	575	MH Vocational Assistance-Group	250	449	1.8
	554	Day Hospital-Group	203	3,427	16.9
	576	Psychogeriatric-Individual	195	561	2.9
	522	Hud/Vash	148	1,100	7.4
	546	Telephone/IPCC	148	1,645	11.1
	547	Intensive Substance Abuse Treatment	144	1,831	12.7
	542	Telephone/PTSD	117	155	1.3
	503	MH Residential Care Individual	103	190	1.8
	726	Dom Aftercare-Community	65	575	8.8
	514	Substance Abuse-Home Visit	52	128	2.5
	524	Active Duty Sex Trauma	2	2	1.0
	506	Day Hospital-Individual	1	19	19.0
Mental Health Total			73,150	676,853	9.3
Surgery	407	Ophthalmology	23,293	51,589	2.2
	414	Urology	18,955	35,551	1.9
	411	Podiatry	18,212	47,545	2.6
	409	Orthopedics	14,031	26,564	1.9
	408	Optometry	12,642	20,487	1.6
	401	General Surgery	10,831	18,710	1.7
	403	ENT	8,847	17,499	2.0
	429	Outpatient Care in OR	8,769	11,425	1.3
	421	Vascular Laboratory	5,436	7,145	1.3
	417	Prosthetics/Orthotics	4,772	7,232	1.5
	416	Amb Surgery Eval by Non-MD	4,457	6,195	1.4
Surgery (continued)	415	Vascular Surgery	3,902	7,387	1.9
	433	Pre-Bed Care RN (Surgery)	3,493	4,833	1.4
	419	Anesthesia Pre/Post-op Consult	3,157	3,670	1.2
	424	Telephone/Surgery	2,780	4,511	1.6
	406	Neurosurgery	2,334	3,920	1.7
	420	Pain Clinic	1,625	3,858	2.4
	430	Cysto Room Unit for Outpt	1,163	1,499	1.3
	413	Thoracic Surgery	685	1,252	1.8
	422	Cast Clinic	567	1,073	1.9
	410	Plastic Surgery	509	1,107	2.2
	435	Surgical Procedure Unit	435	627	1.4
	402	Cardiac Surgery	351	935	2.7
	412	Proctology	255	256	1.0
	425	Telephone/Prosthetics/Orthotic	244	277	1.1
	404	Gynecology	243	384	1.6
	418	Amputation Clinic	67	82	1.2
	431	Chemotherapy Proc. Unit-Surg.	58	238	4.1
	426	Women Surgery	45	71	1.6

Category	CL	Stop	Pts	Enc	Rate
	428	Telephone/Optomerty	10	10	1.0
Surgery Total			152,168	285,932	1.9
Not Categorized	334	CARDIAC STRESS TEST	3,404	3,561	1.0
	538	538	702	881	1.3
	535	MH VOCAT ASSIST	669	2,296	3.4
	651	651	550	563	1.0
	703	MAMMOGRAM	465	512	1.1
	690	690	462	732	1.6
	452	452-LOCAL CREDIT PAIR	352	444	1.3
	564	ICCM	261	6,211	23.8
	453	453-LOCAL CREDIT PAIR	232	357	1.5
	460	460-LOCAL CREDIT PAIR	210	370	1.8
	454	SPECIAL REGISTRY 5	186	215	1.2
	530	TELEPHONE/HUD-VASH	84	224	2.7
	590	COMM OUTR HMLS-STAFF	78	127	1.6
	532	PSYC/SOC REHAB-IND	57	350	6.1
	451	451-LOCAL CREDIT PAIR	56	61	1.1
	537	TELE PSYC/SOC REHAB	55	121	2.2
	680	680	35	128	3.7
	179	179	21	111	5.3
	332	PRE-BED R.N.- MED	20	22	1.1
	705	FOBT-GUAIAC SCRIN	11	11	1.0
	536	TELE/MH VOC ASSIST	9	9	1.0
	589	N.A. DUTY SEX TRAUMA	4	49	12.3
	127	TOPO BRAIN MAP	2	2	1.0
	611	TELEPHONE DIALYSIS	1	1	1.0
Not Categorized Total			7,926	17,358	2.2
Grand Total			970,753	3,073,731	3.2

Source – VA National FY 00 and VISN FY 00 OP & IP Summary of Utilization